

Small Business Trade Ally Advisory Council Application

Submittal date:

Thank you for your interest in joining the Consumers Energy Small Business Trade Ally Advisory Council (TAAC). Fill out this form completely to provide comprehensive information about your company and your involvement with the Consumers Energy Small Business Energy Efficiency Programs. The following information will be shared with program staff for application review.

Company Information	
Company Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Website:	
Primary Contact:	
Job Title:	
Primary Contact Email:	
Company:	



President/Owner:
Number of Employees:
Years as an Active Trade Ally:
What energy efficient equipment do you install:
Briefly describe why you would like to join the Consumers Energy TAAC:
What program insights would you like to gain by participating?
What Consumers Energy programs do you currently participate in?



What Consumers Energy programs would you like more inf participate in the future?	ormation about so you can
Do you participate in programs offered by another utility? I	f yes, which utility(ies)?
If you are selected to represent the Council, you or a qualifying agree to provide at least four (4) hours every quarter to attend the Business Trade Ally Advisory Council meetings. You and your conconflict-of-interest in participating on the Council. Only one representative from each participating company can	he Consumers Energy Small npany also agree there is not a
For continuity, we ask the same representative attend each qua scheduling conflict a proxy from the same company can attend knowledgeable in the Consumers Energy Small Business Energy E	rterly meeting. In the event of a d, provided that person is
Signature:D	ate: